## **2006 NOT-FOR-PROFIT CORPORATION**

## ANNUAL REPORT (AR) DOCUMENT # N97000003242 1. Entity Name



**FILED** May 03, 2006 08:00 AM Secretary of State

Signature   Sign	IN HIS PI MINISTR	RESENCE EVANGEL CHRIST IES INCORPORATED	TIAN CHURCHES &					
### PILE NOW: FEE IS \$61.25   Due By May 1, Dood or an intercent of the purpose of changing its registered diffice or neglistered agent, or both, in this State of Florida. Lam familiar with, and the obligations of originations or originations originated originations or originated originations or originated originations or originated originations originated originations or originated originations originated orig	Principal Pla	ce of Business	Mailing Address	Mailing Address				
Suida, Act, #, etc.  City & State  City & State  Country  Zip  City  FL  Zip  Code  City  City  City  City  City  City  C	2101 VISTA PARKWAY WEST PALM BEACH FL 33411		P.O. BOX 17394 WEST PALM BEACH FL 33416		The state of the s			
City & State  City & State  Country  Co	2. Principal Place of Business		3. Mailing Address			(III 1261: 62111 88111 88111 88111 88111 88	the little statt piete il	
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S. S. 75 Addition   S. Certificate of Status Desired   S. S. 75 Addition   S. Certificate of Status Desired   S. S. 75 Addition   S. Certificate of Status Desired   S. S. 75 Addition   S. Certificate of Status Desired   S. S. 75 Addition   S. Certificate of Status Desired   S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.   Country   S. S. O. Mary Se	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOC	DRE CR2E03	37 (10/05)	
Signarum is produced agent.  Signarum is prod	City & State		City & State			i-0763513	!-+·	oplied For
GINGRICH, MARLENE C REV. 533 E. REDWOOD DRIVE LAKE PARK FL 33403  8. The above named entity autimits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and state of Florida. I am familiar with and state of Florida. I am familiar wit	Zip	Country	Zip	Country	5. Certificate of Stat	tus Desired 🗶	<b>\$8.75</b> Ad	ditional
GINGRICH, MARLENE C REV. 533 E. REDWOOD DRIVE LAKE PARK FL 33403  City  FL  Zip Code		6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered	i Agent	
SIGNATURE  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature   Signatu	GIN	IGRICH MARI ENE C REV			· · · · · · · · · · · · · · · · · · ·		_	
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Sugmiture   Sugmiture   Sugment   Sugm	533	E. REDWOOD DRIVE		Street Addres	s (P.O. Box Number is No	ot Acceptable)		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature typed or printed rame of registered agent, and file of appaciable   CHOTE Fougative Agent signature registered agent, or both, in the State of Florida. I am familiar with, and provided agent, and file of appaciable   CHOTE Fougative Agent signature registered agent, or both, in the State of Florida. I am familiar with, and provided agent, and file of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE   DATE   D	<del></del>			City			∎ I Zip Cod	- le
SIGNATURE  FILE NOW: FEE IS \$61.25 Due By May 1, 2006  Prostrict Address City-St-2P  TITLE  PD  GINGRICH, MARLENE C REV. STREET ADDRESS CITY-ST-2P  TITLE  DT  BROWN, SYLVIA STREET ADDRESS STREET ADDRESS CITY-ST-2P  TITLE  DT  RAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  DT  RAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P  TITLE  Delete  TITLE  DT  RAME STREET ADDRESS STRE	8. The above	a named entity submits this statement for	the purpose of changing its re	anistered office or regis	tered agent or both in th		L.,   `	
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FILE NOW: FEE IS \$51.25 Due By May 1, 2006 Trust Fund Contribution.  S\$5.00 May Be Added to Fees Riorida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS IN 10  TITLE BY DESTRICT ADDRESS CITY-ST-2P  UPD BROWN, BERNARD BROWN, BERNARD BROWN, SYLVIA STREET ADDRESS CITY-ST-2P  LAKE PARK FL 33403  TITLE DT URLE BROWN, SYLVIA BROWN, SYLVIA BROWN, SYLVIA STREET ADDRESS CITY-ST-2P LAKE PARK FL 33403  TITLE DT URLE DROWN, SYLVIA STREET ADDRESS CITY-ST-2P LAKE PARK FL 33403  Delete TITLE NAME STREET ADDRESS CITY-ST-2P URLE URLE DROWNS STREET ADDRESS CITY-ST-2P URLE URLE DROWNS STREET ADDRESS CITY-ST-2P URLE URLE URLE DROWNS STREET ADDRESS CITY-ST-2P URLE URLE URLE URLE URLE URLE URLE URLE	SIGNATURE			-				<del></del> :
Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  MANE GINGRICH, MARLENE C REV. STREET ADDRESS CITY-ST-ZIP LAKE PARK FL 33403  TREET ADDRESS CITY-ST-ZIP TITLE  DT RAME STREET ADDRESS CITY-ST-ZIP TITLE  TITLE  TITLE  DT RAME STREET ADDRESS CITY-ST-ZIP TITLE  TITLE  TITLE  TITLE  DT RAME STREET ADDRESS CITY-ST-ZIP TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  DEBUTON SYLVIA STREET ADDRESS CITY-ST-ZIP TITLE		Signature Typed or printed name of registored agent 2	and title if applicable (NOTE)	Rogistered Agent signature requi	rod when reinstating)	DATE		
TITLE						Make Cheo Florida Depa	ck Payable rtment of S	to State
NAME STREET ADDRESS CITY - ST - ZIP  TITLE  VPD BROWN, BERNARD STREET ADDRESS CITY - ST - ZIP  TITLE DT BROWN, SYLVIA BROWN, SYL	10.		ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND D	DIRECTORS IN	10
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRE	NAME STREET ADDRESS	GINGRICH, MARLENE C REV. 533 E. REDWOOD DRIVE	☐ Delete	name Street address	05/1	00000561925 9/06-80034-00	-	<u> </u>
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes I forther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made through that I am an officer or directs of the corporation or the required report is true empowered to execute this report as required by Chapter 617, Florida Statutes West Palma Beach, that I am an office or directs of the corporation or an attachment with an address, with all other like empowered

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